



Date Received:

## Application for Employment

(An equal opportunity employer)

Application Date:

Position(s) applying for:

Date available for employment:

What interested you in applying for this position?

How did you learn about this position?

### PERSONAL INFORMATION

First Name:

Last Name:

Middle Initial:

Address:

City:

State:

Zip:

Phone:

Email:

### Permanent Address (If different than above)

Address:

City:

State:

Zip:

Have you ever been convicted of a criminal offence in either civilian or military court?    Yes    No

If yes, please explain

Are you 18 years of age or older?    Yes    No

Are you legally eligible for employment in the U.S.?    Yes    No

## EDUCATION

Name of School Address, City, State (Most Recent First)	Dates Attended	Major/Area of Study	Type of Degree/ Certificate	Date Received

### PROFESSIONAL LICENSURE: (if licensed, provide the following)

Type of Licensure:

Issued By:

Expires:

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### EMPLOYMENT HISTORY: (most recent first)

Employer:

Dates:

Address:

City:

State:

Zip:

Job Title:

Job Duties:

Supervisors Name:

Phone:

Email:

Permission to Contact

Yes

No

Reason for Leaving:

**EMPLOYMENT HISTORY: (continued)**

Employer:

Dates:

Address:

City:

State:

Zip:

Job Title:

Job Duties:

Supervisors Name:

Phone:

Email:

Permission to Contact

Yes

No

Reason for Leaving:

Employer:

Dates:

Address:

City:

State:

Zip:

Job Title:

Job Duties:

Supervisors Name:

Phone:

Email:

Permission to Contact

Yes

No

Reason for Leaving:

**REFERENCES:**

Name: Relationship: Years Known:

Address: City: State: Zip:

Email: Phone:

Name: Relationship: Years Known:

Address: City: State: Zip:

Email: Phone:

Name: Relationship: Years Known:

Address: City: State: Zip:

Email: Phone:

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*I declare that I understand that this is an application for a position only and does not imply any promises of employment on behalf of Youthworks.*

*I the undersigned applicant hereby declare that all of the information on this Application Employment Form is accurate and true and I understand that any falsehood or omission on my part may be grounds for future dismissal from the position or withdrawal of an offer of employment.*

Signature:

Date:

For Internal Use Only		
Background Checks <input type="checkbox"/> Child Protection <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> State-wide Records Check <input type="checkbox"/> Federal (Fingerprints)	<input type="checkbox"/> Citizenship (I-9) <input type="checkbox"/> Withholding (W-4) <input type="checkbox"/> Confidentiality Agreement <input type="checkbox"/> Abuse and Neglect <input type="checkbox"/> Youthworks Policy	<input type="checkbox"/> Reference Check Received

